

Agenda USA.org—FEC Registration Number: C00580936

PO BX 3193

Lavale, MD 21504

October 1, 2015

RECEIVED
FEC MAIL CENTER
2015 OCT 13 AM 11:26

Federal Election Commission

999 E Street, NW

Washington, DC 20463

Re: FEC Form 1, Amendments.

Dear Sir or Madam:

In order to remain in FEC compliance we are submitting just (2) changes to our organization:

1. The addition of our recently completed website for our committee and the appropriate URL: <http://www.agendausa.org>.
2. We have closed our (previous) bank account and opened a NEW bank account which is located at : SECU Credit Union of Maryland, 12200 Winchester Road, Lavale, MD 21502

Respectfully submitted,



Diane L. Kline

Treasurer

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Agenda USA

ADDRESS (number and street)

Post Office Box 3193

☐ (Check if address
is changed)

Lavale

MD

21504

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

director@agendausa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

http://www.agendausa.org

2. DATE

10 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C00580936

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Diane L. Kline

Signature of Treasurer

Diane L. Kline

Date

10 / 01 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

- [illegible]

Write or Type Committee Name

Agenda USA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Diane L. Kline

Mailing Address

Post Office Box 3193

Lavale

MD

21504

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 301 - 525 - 6902

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Diane L. Kline

Mailing Address

Post Office Box 3193

Lavale

MD

21504

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 301 - 525 - 6902

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SECU Credit Union of Maryland

Mailing Address

12200 Winchester Road

Lavale

MD

21502

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
Attention: FEC Form 1 (Amendments)
999 E Street, N.W.
Washington, D. C. 20463

To.

WASHINGTON, DC 20541-1000

ee B
MD

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER
(3/2015)

MP

10/13
DATE PREPARED